Suprapubic Catheter Insertion Clinic

Exceptional healthcare, personally delivered
Suprapubic Catheter

A urinary catheter is a tube used to drain urine from the bladder. The commonest catheters are ones that go through the urethra (waterpipe). A suprapubic catheter (tube) enters the bladder through a small cut/incision in the lower part of the ‘tummy’ (abdomen) instead of through the urethra. Some patients with long term catheters find it easier to manage with a suprapubic catheter. Additionally, some patients may have difficulty with urethral catheters and a suprapubic catheter is a useful alternative.

Are there any advantages to a suprapubic catheter?

- patients often find them more comfortable and easier to look after;
- they are usually easier to change;
- they might be less likely to get blocked;
- sometimes, a urethral catheter can cause damage to the urethra by cutting through the urethra (traumatic hypospadias); this can be avoided with a suprapubic catheter; and
- penetrative sex can be uncomfortable for women with a urethral catheter and may not be possible for men; a suprapubic catheter is not in the way and therefore sex may be possible.
What are the disadvantages?

- you need to have an operation to put the suprapubic catheter in.
- You may get some discharge around the catheter on your abdomen (tummy); this is normal and does not need any treatment
- you may leak urine through your urethra (waterpipe)

What could I have instead of a suprapubic catheter?

- Incontinence pads
- Intermittent self-catheterisation
- A permanent urethral catheter (with or without a flip-flow valve)

What do I need to do before I come for the procedure?

If you are having the procedure under local anaesthetic then no special preparation is required. You may eat and drink normally and you may drive before and after the procedure. There is no need to rest afterwards.

If you are having a general anaesthetic will be asked to fast. You should not have anything to eat or drink at least six hours prior to the procedure. You can have clear fluids e.g. water, up to 2 hours prior to the procedure. Anaesthetic drugs remain in the body for up to 48 hours. You are not legally allowed to drive a car or any other vehicle including a bicycle after the procedure. This is a DVLA requirement. You need to have a responsible adult accompany you home and stay with you for the next 24hrs. You must have access to a telephone at home.
Please contact us to let us know if you take any medication that thin your blood e.g.

- Aspirin
- Warfarin
- Clopidogrel
- Rivaroxaban
- Dabigatran

If you take blood thinning medication you may need to attend for a pre-procedure assessment with a specialist nurse to get advice on stopping this medication before the procedure.

Please let us know if you have any of the following:

- Artificial heart valve
- Coronary artery stent
- Heart pacemaker or defibrillator

If you have symptoms of a urinary tract infection then please let us know and we will arrange for you to attend before your procedure to check a sample of urine. Alternatively, you could see your general practitioner (GP) if you are concerned about a urinary tract infection.
What happens when I arrive?

- Before you have this procedure, you will be asked to give your consent. Any questions that you have at this stage will be answered.

- When you arrive at the clinic you will be asked to empty your bladder into a sterile pot so that the medical team can make sure you don’t have a urine infection. If you already have a urethral catheter a sample of urine from the catheter itself may be checked. If you do have an infection then the procedure may be cancelled as having this procedure with an infection could potentially make you very unwell.

- You will be asked to undress behind an enclosed cubicle with a curtain and take all your clothing and underwear off (women may keep their brasserie on). You will be provided with a hospital gown to wear to cover yourself. This will avoid any water from the cystoscopy coming in contact with your clothes. If you wish to stay with your own clothing, in the upper half of your body then please let the doctor or nurse know. If you feel cold in the hospital gown, then please let one of the staff members know and they will help cover you with blankets.

- The nurse will escort you to the procedure room and you will be asked to lie down on a couch.
What happens during the procedure?

- You will usually be given injectable or oral antibiotics before the procedure, after checking for any allergies.
- You may be given a local anaesthetic injection to numb the area of the abdomen where the incision will be made.
- Your genital area and abdomen will be cleaned with a mild disinfectant and a local anaesthetic/painkilling jelly will be applied into the urethra and given a few minutes to work. This may sting and make your toes curl.
- Before the examination you will be covered with sterile drapes/towels – try not to touch these with your hands.
- A flexible cystoscope (bendy telescope) will be used to guide the placement of the suprapubic catheter. This is an instrument which contains a miniature telescope and allows the clinician to visualise the inside of the bladder.
- Sometimes an ultrasound device might be used to determine the location of the bladder and possible overlying bowel.

    Although the flexible cystoscope can look daunting, the clinician will only insert the tip into your bladder. Men may be asked to cough to enable it to pass through the sphincter into the bladder. Then the room lights may be dimmed to give the doctor a better view. You may experience some brief discomfort that will not last for long.

There are folds in the lining of the bladder. Fluid is run into the bladder through the cystoscope to enable the doctor to see all of the lining of the bladder. You may therefore have the feeling of a full bladder or want to pass urine. If this or anything else becomes painful please tell the clinician or nurse.
Once the bladder is filled with fluid, the clinician will then insert your suprapubic catheter through a small incision in your lower abdomen just above the pubic hairline. In patients with small bladders the incision may need to be larger so that the bladder can be seen clearly to allow the catheter to be inserted.

Correct positioning within the bladder is confirmed using the flexible cystoscope.

Please do not hesitate to ask any questions you may have. We will make the procedure as comfortable as possible for you.

Are there any side effects?

Most procedures have possible side effects. But although the complications listed below are well recognised most patients do not suffer any problems.

Common (greater than 1 in 10)

- Temporary mild burning or blood in the urine. This will quickly settle down soon after the procedure. If it continues beyond 48 hours you need to seek medical advice.
Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics. See your GP if you have symptoms as you may require a course of antibiotics.

- Blocking of the catheter. The catheter will need flushing to relieve the blockage and in some cases the catheter will need changing. If it continues to block you may need a flexible cystoscopy and/or an ultrasound scan of the bladder to look for possible stones that may cause blockages.

- Development of stones and debris in the bladder causing catheter blockage and requiring removal or crushing by an operation.

- Bladder discomfort and pain. Very occasionally some patients develop a pain in the bladder. This pain is usually controlled with simple painkillers such as paracetamol and typically resolves quickly.

- Bladder spasm might occur in some patients and these can be uncomfortable. Contact your doctor and he/she could prescribe you a drug (antimuscarinic) that could control the spasms.

- Persistent leakage from the urethra (water pipe), which may need an operation to close the bladder neck but depends on the cause of the leakage. If it is associated with urgency then you may need antimuscarinic tablets to stop the leakage.
Rarely, damage to surrounding structures such as bowel or blood vessels with serious consequences possibly needing a major operation (3-5%). If bowel damage occurs during the insertion of the suprapubic catheter, a laparotomy (large cut through your tummy) maybe required to repair the damage during which part of the bowel may be removed/resected and a formation of a colostomy (bag to collect the faeces) might be necessary.

Rare (less than 1 in 50)

- Bleeding requiring irrigation or additional catheterisation to remove any blood clots.
- Some evidence suggests patients with a suprapubic catheter have increased risk of bladder cancer especially if repeated blockages of the catheter occur.

Are there any contraindications?

**Suprapubic catheterisation is absolutely contraindicated in the following:**

- The absence of an easily palpable or ultrasonographically localized distended urinary bladder.
- History of bladder cancer.

**Suprapubic catheterization is relatively contraindicated in the following situations:**

- Coagulopathy (bleeding disorder) - until the abnormality is corrected
- Prior lower abdominal or pelvic surgery (potential bowel adherence to the bladder or anterior abdominal wall; may recommend that a urologist perform an open cystostomy)
- Pelvic cancer with or without pelvic radiation (increased risk of adhesions)
Will there be any after effects?

**Most patients have no problems. However:**

- Drinking extra fluids is advisable because this helps to flush your system through and minimises any bleeding or infection.
- You may be given some antibiotics which you should take as prescribed.
- If you have a temperature, persistent pain, burning or bleeding please do not hesitate to contact the team or your GP.

What happens before I leave the hospital?

When you leave hospital, you will be given a discharge summary. This contains important information about your procedure. If you need to call your GP or if you need to go to another hospital please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of your procedure.

What should I expect when I get home?

- Avoid taking a bath for at least 48 hours after the procedure.
- The suprapubic catheter exit site should be washed daily with soap and water and may be covered with gauze.
- You should seek immediate medical attention for catheter replacement if the catheter becomes dislodged/falls out. The tract can close very quickly within 1-4 hours, requiring the procedure to be performed again, if the suprapubic tube is not urgently replaced.
Are there any other important points?

Some discharge from the catheter site is not unusual in the longer term.

If the catheter blocks within the first four weeks, the channel between the skin and the bladder will not have healed completely. It is not possible to change the catheter easily in this period. In this event it is important that the catheter is not taken out in an attempt to change it. It should be left in place and a urethral catheter inserted. Please contact us if this occurs.

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below. If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature ............................................................................................................

Date .................................................................................................................

References

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.